MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107

CERTIFICATE OF DEATH

			1	12
Reg.	Dist.	No.	6	11

	Reg. Dist. 110
1. PLACE OF DEATH: Caroline	2. USUAL RESIDENCE (HOME) OF DECEASED: (For perform infants give residence of mother)
City or town. (If outside city or town limits, write RUBAL and give nearest town)	State Mary and county Under State
How long in above piece of death?	City or town (foutside city or town limits, write RURAL and give nearest town)
Hospitel, Institution, or street eddress where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Thomas Be	2. (b) Social Security Number
4. Sex 5. Color or rage 6.(a) Single, merried, widowed, or divorced	MEDICAL CERTIFICATION
Male White Single	20. DATE OF DEATH March 9 19 42 21 345AM
8.(b) Name of husbend or wife	21. I CERTIFY that death occurred on the dele above eteted; that t attended deceeed from
	mar. 8 19+7 10, Mar. 9 1947
7. Birth dete of 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	and that t last saw h last alive on 1977
deceased (mo., dey, yr.) 8 A.G.F. Yeers Months Deys If less then one dey	Immediate came of death
0. 400.	Broncho Themural Ida
hrsmir	
9. Birihplece (Town, county, and state)	Due to
1D. Usual occupation.	Due to.
11. Industry or business	oue to
	Other conditions
12. Name Underson, Md.	
	(Include pregnancy within 3 months of death)
14. Maiden name en ma Afriffien 15. Birthplece Hellow, hold.	Major findings of operations.
\$1 15. Birthplece	
18. Informant Cyclican Belle	Autopsy results
Address Freesero, Mcl.	
17 Buriala Dete thereof 3/9/42	22. VIOLENCE: If deeth was due to externel causes, fill in the following:
(Buriai, cremation, or remove Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crimatory	Where did injury occur?
Location Treensloro, Maly.	injured at home, farm, industry, public place (where?)
18. Funerel director Raymond B. Rawlings	Means of Injury Thiured at work?
Addres Tregnsloro, Md.	Quel X House Such a
m. 19 2 m. D.	23. SIGNATURE M. D. or other
(Date rec'd by registrar) Registrar	Address Pleustoro Ma Dete eigned 3/9/4/

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and egibly MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0

02634

CERTIFICATE OF DEATH

Reg. Dist. No. 6H

	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
	County. Carotine City or town Feleralsburg	State Maryland County Carolina	
	(If outside city or town limits, write RUKAL and give nearest town)	City or town	*******
	How long in above place of death? Hospital, institution, or street address where death occurred:	Street No. North Wain Street	
	North Main Street	(If rural, give LOCATION)	********
	How long in hospital or institution?	2.(a) If veteran, name war	
	3. (a) FULL NAME	3. (b) Social Security Number	
	George duther I dennell	none	
	Male while Married, widowed, or divorced	MEDICAL CERTIFICATION 20, DATE OF DEATH March 13 19 47 21 4	P.
١	f 10 B. 101	20. DATE DF DEATH	J
l	6.(b) Name of husband or wife. A august	19.47 to March 13 191	17
	7. Birth date of	and that I last saw K. Lin alive on Mach 13 19.	47
	deceased (mo., day, yr.) Anuary 2 / 8 3 3	Immediate cruse of death	
	8. AGE: Years (Months Days It less than one day 2 / 22	Chaic massacaes 54	po
	8. Birthplace	Oue to	
	10. Usual occupation January		
	11. Industry or business	Due to	***********
		Other conditions.	***********
l	12. Name John S. Denney 13. Birthplace Del.		
		(Include pregnancy within 3 months of death)	
l	14. Maiden name. Mary Muray 15. Birthplace 16. Maiden name. Mary Muray 16. Maiden name. Mary Muray	Major findings of operations.	
l	Tours o Bounett	Autopsy results	
	16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
	Address Flaggeteburg, 114	22. VIOLENCE: It death was due to external causes, till in the following:	
ı	17. (Burial, cremation, or removed, Which?) Date thereof. — / J / / / / / / / / / / / / / / / / /	Accident, suicide, or homicide	
ı	Cemetery or crematory Rosau Cem	Where did injury occur? (City or town) (County) (State)	
١	Location Roxan, Del	Injured at home, farm, industry, public place (where?)	
ı	18. Funeral director Thurs N. Watson,	Means of Injury Injured at work?	19
	Address pocomble City, M.	23. SIGNATURE Line My Underson Wil	J
	10 travel 14th 1947 5.5. Framstom	M. D. or other	-47
ď	(Date rec'd by registrar) Registrar	Address Date signed	

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BUT EAU V S

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The configuration carefully is especially important. Physicians: please write the causes of death clearly and legibly.

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The correct age

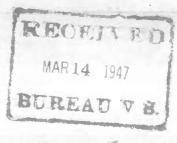
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 920

2411 N. Charles St., Battimore 9/12

Reg. Dist. No. 620

1. PLACE OF DEATH;	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	
/)-	State red county Carolina
(If outside city or town limits, write RURAL and give nearest town)	City or town De Sto
How long in above place of dealh?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Harry Collison	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m and widowed	20. DATE DE DEATH March 3 1947, 21 8105 PM
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
S.(c) If alive, give ageyears	was 2 1947
7. Birth date of (2) - (13 18 80)	and that I last saw h alive on DURATION
A Mary Mary Mary Mary Mary Mary Mary Mary	Immediate cause of death
0. AGE:	anu confund
66 / // 20hrsmin.	
9. Birthplace Town, cousty, and state)	Due to
10. Usual occupation. Light Later Control	
/	Due to
11. Industry or business	arlein actions 10 year
12. Name (Milliand T. Callina V. 13. Birthplace Tenland, Ind.	Uther conditions
	(Include pregnancy within 3 months of death)
14. Malden name Sathel Woolers	Major findings of operations
14. Malden name Lachel Wooders 15. Birthplace Jesto, mes	
16. Informant After Alana Wallanson	Antopsy results
Address Denton, Ind	
3 -1	22. VIOLENCE: 11 death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?), (month) (day) (year)	Accident, suicide, or homicide
70 (Where did injury occur?
Cemetery or crematory	
Location Dentes & Many Card	Injured at home, farm, industry, public place (where?)
Which have store	Heans of injury Injured at work?
18. Funeral director	2011, 77 74.0
Address Den Dul.	Jaul Morris ma
2/2 1/2 2 1/2	23. SIGNATURE M. D. or other
19. 2 19 4 South Registrar	Address Wellin With Date signed 5/6/4/
(Date rec'd by registrar) Registrar	. Kiniess



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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore 937

02636 Reg. Dist. No. 4/0

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: So physorn infarts give residence of mother) 1 1 1 1 1 1 1 1 1
County Streems row Kural	state Maryland County Caroline
(If outside city or town limits, write RURAL and give nearest town)	City or town / / / / / / / / / / / / / / / / / / /
How long in above place of death?	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME Matilda C. M	3. (b) Social Security Number
4. Sex 2 5. Color or face 4 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
V. While Married	20. DATE OF DEATH. March 18 19 47, 21 4 A.
6.(b) Name of husband or wife fames	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
years	18 10 10 10 10 10 10 10 10 10 10 10 10 10
1. Birth date of deceased (mo., day, yr.) March 25, 1860	and that I just saw h
8. AGE: Years Months Days If less than one day	Cachal Recentage Ludder
86 // KIhrsmin.	01 -000
9. Birthplace Merris Very Eenna.	Judes Va Cul or a) 18886
10. Usual occupation Nousewife	
11, Industry or business	Due to
# 12. Name No Record	Other conditions
13. Birthplace No Records	(Include pregnancy within 3 months of death)
# 14. Maiden name No Record	Major findings of operations.
15. Birthpiace Ro Record	Oate of op.
16. Informant James Wifton	Antopsy results
Address Areenstore Mcl.	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
(Rurial exemption or remark (Which?) Oate thereof	Accident, suicide, or homicide
NTROUNDER	Where did injury occur? (City or town) (County) (State)
Cemetery or crestate And and Mcl.	Injured at home, farm, Industry, public place (where?)
Carried B Participa	Maens of Juliury juliuped at work?
18. Funeral director	doel with 1/1
Address Comments of the Commen	23. SIGNATURE teach N Jones full let
(Date res'd by registrat)	Address Diesislara Md. Od signed 3-19-47

MAR 24 1947
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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

Dan	Dist	No. 62
Reg.	Dist.	140

City or town (If outside city or town moits, write RYNAL and rive pearest town) How long in above place of death? Hospital, Institution, or street address where death occurred:	City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)				
How tong to hospital or institution?	2.(a) If veteran, name war				
3.(a) FULL NAME	3. (b) Social Security Number				
4. Sex f 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE				
8.(6) Name of husband or wife. Jello Selecte (L) el. 7. Birth date of Selecte (L) el. 7. Birth date of Selecte (L) el. 7. Birth date of Selecte (L) el. 8.(c) If alive, give age years	22 I CERTIFY that death occurred on the date above stated; that I atlended doceased from				
deceased (mo., day, yr.) Alfak. 50 87 9 8. AGE: Years Months Days If less than one day	Immediato cause of death				
9. Birthplace	Due to My poasselle; Chronic, Devistion: Zenknown.				
19. Usuat occupation	Dither conditions				
13. Birthplace 14. Malden name	(Include pregnancy within 3 months of death) Major findings of operations				
18. Informant Welfare Board.	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.				
11. (Burian cremation, or remayal, Which?) Cemetery or crematory. Deutstern Companyal Seminary Companyal Se	22. VIOLENCE: If death was due to externat causes, fill in the following: Accident, suicide, or homicide				
Location Douton Francisco 18. Funeral director Le Vingila Moore + Con	Injured at home, farm, todustry, public place (where?) Meens of injury Injured at work?				
19. 3/14 1977 mg & Dentage Registrar	23. SIGNATURE LUSSON . LOS CONTROL OF OTHER STREET BARRIES BAR				

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-

冷	02620	
	02638	2
Reg. I	Dist. No. OU)

	Reg. Dist. No.
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (Eor newborn infants give residence of mother) State
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Corence M. Str. 4. Set S. Color of race 6.(a) Single, married, widowed, or divorced	3. (b) Social Security Number MEDICAL CERTIFICATION
. While Married	20. DATE OF DEATH March & 4 19 47 21 345A.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 3-8-19-47, to 3-23-19-47, and that f last saw h.C.R. alive_on 3-23-19-47.
7. Birth date of deceased (mo., day, yr.) Office 8, 1872 8. AGE: Years Months Days If less than one day	Immediate cause of death
9. Birthplace Dirginia	Due to Interiorelastic Heart Bissare 10 yrs
1D. Usual occupation. (Town, eounty, and atate	Due to General arterioschoon 25 gra
11. Industry or business 12. Name Gumes 6 merson 13. Birthpice 10 Record	Other conditions
# 14. Maiden name Rebegga Black	(Include pregnancy within 3 months of death) Major findings of operations.
18. Intermant M. W. Charles Skripitk	Autopsy results
Address 4 Molerson, 100.0 17	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or elegation of reenstrone	Where did injury occur?
18. Funeral director of augmond B. Rawlings	Means of Injury Injured at work?
Address J. College of the second of the seco	23. SIGNATURE M. D. or other Address Date signed 3/24/47



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Evic	dend	ee for	the	3 (chan	e	of					
age	is	shown	on	G	109	3/	31	MARYLAND	STATE	DEPARTMENT	OF	HEALTH

2411 N. Charles St., Baltimore 946

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We	Reg.	Dist.	No. 0 6

1. PLACE OF DEATH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	
County				
City or town		URAL and give nearest town)		
How long in above place	of death? 5 ye	ars		(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or				
***************************************			••••••••••••	Street No. 1
How long in hospital or	Institution?	**************	***************************************	2.(a) If veteran, name war
3. (a) FULL NAME				3. (b) Social Security Number
				J. (O) Docial Decarry Manuel
Ashword	D'Oly Hold	1 6 (a) Single	e, married, widowed, or divorced	
4. 361	5. Color of tace	o,(a)singi	e, married, widowed, or divorced	MEDICAL CERTIFICATION
Male	Col'd	Ları	ried	20. DATE OF DEATH / Arch / D 194/ at 3 M
			3.3 - 2.1	21. I CERTIFY that death, occurred on the date above stated; that I attended deceased from
			lder	1947, 10 Max. 1947
7. Birth date of		6.(0	e) If alive, give age	and thet I last saw had alive on Mary 1941
deceased (mo., day, yr	o October	16. 1	874	
8. AGE: Years	Months	Days	If less than one day	Immediate cause of death DURATION 3 17/1/2
h/s/ 72	5	2	hrsmin.	
0 Pirthologo	iti tort-s	าว ไวรรัก	Ce	Due to Williamo Aclerasio
			C. E. itate)	200 (4.5-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-
10, Usual occupation	<u> Inis</u>	ster		B I
11. Industry or business				Due to
	mars Thomas	- 17-3-1		
H		S	@.Tr	Other conditions
	Unknown			(Include pregnancy within 3 months of death)
물 14. Malden name	Phylis A	nn fow	ler	Major fiadiugs of operatious
14. Malden name 15. Birthplace	Bohamas	Island		major nadugs of operanous. Date of op.
T	ancelot H			
10. Inturment				Antopsy results
		LY + YF -	wash. D. C.	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
17 Buris	1	Date there	eof arch 22 1947	
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)				Accident, suicide, or homicide
Cemetery or crematory Lincoln Lemonial, Ashington L.C.			el, Jashington	Where did injury occur? (City or town) (County) (State)
Location				Injured at home, farm, Industry, public place (where?)
				Means of injury Injured at work?
18. Funeral director				11/X 10 Pas
Address 310 South St. Laston, Laryland			, Laryland	23. SIGNATURE / JAMES / MARCH
· made	1-1-1-1-1		DA Homi	M. D. or other
(Date rec'd by reg	1 0 19 4 7	***	Registrar	Address Delta Signed 2/9/47

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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-	02641
	Reg. Dist. No. 620
	Reg. Dist. No

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn, Infants give residence of mother)
County	State USA County Carra County
City or town	
How long in above place of death? Alexant Cine	City or town
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, nama war
3. (a) FULL NAME Debster Jacob	3. (b) Social Security Number 220-05-0196
4. Sex 5. Color or race 6.(a) Single, married, widowad, or divorced	MEDICAL CERTIFICATION
M test stugle	2D. DATE DE DEATH. NAME 20 1947 21/14 M
	21. I CERTIFY that death occurred on the data above stated; that I attended deceased from
8.(6) Name of husband or wife	19
7. Birth date of	and that I last saw halive on19
dacaased (mo., day, yr.) Xale. 1920	Immediate cause of death
8. AGE: Years Months Days It less than one day	-Fp
27 2 26 hrsmin.	Gutemal Hemerlinge
9. Birthplace Coenterville Elean Coest	Due to Plering of Jagular Sein & Sew Mittle
(Town, county, and state)	Caused astery
10. Usual occupation That Clarky	Due to
11. Industry or business	
12. Name. Jercey Jacobs 13. Birthplace Jercey	Other conditions
13. Birthplace a / Zuare Koure	(Include pregnancy within 3 months of death)
14. Maiden nam Marine (12 sale hura	Major findings of operations
34. Malden nam Marine (1.2) and his de 15. Birthplaca Maregland.	Major findings of operations
IM: " O See See	Authora results.
16, laformant	PHYSICIAN: Please underline the caose to which death should be charged statistically.
Address Ceerles fill	22. VIOLENCE: If death was due to external causes, till in the tollowing;
(Burial, cremation, or rooms. Which?) (Burial, cremation, or rooms. Which?) (Burial, cremation, or rooms. Which?)	Accident, suicide, or homicide, the suicide Date of
6. Property Consider	Where did injury occur? Deuton Carolina Mal
Cemetery or crematory	Injured at home, farm, industry, public place (where?) Publice Noves!
Location Quantification	Means of Injury State Usund Injured at work?
18. Funeral director. Liefy Marches to the	mans or many productions
Address / N Deulin . Engl	Alman D. Jeanse
3/22 47 02 10 9	23. SIGNATURY MANAGERY STORMAN M. D. or other
19. (Date rec'd by registrar)	1 1 2 2 2

MAR 27 1947

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	Reg. Dist. No.
Cily or town. (If outside city or town limits, write RUPAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (Exp. new) orn infants give residence of mother) State
How long in above place of dealh?	Streel No
How long In hospital or institution?	2.(a) If veteran, name war.
3.(a) FULL NAME & lizabeth Je	Libler 3. (b) Social Security Number
4. Sex 5. Colo for rate Williams married, widowed, or divorced White Wildoweds	MEDICAL CERTIFICATION 20. DATE OF DEATH MURCH 15 19 47, 21 3 45 P.
8.(b) Name of husband or wife Society	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mark 12 19 47, to Mark 15 19 47
7. Birth date of deceased (mo., day, yr.) Teb. 20, 1865. 8. AGE: Years Monihs Days It tess than one day	and that I last saw h
9 h 1 13 hrs. mir	n. Chroniei myseaideles (?)
10. Usuat occupation. (Town, county, and state)	Due la Cardino de Cula Discare
11. Industry or business 12. Nama/Michael Schreiber 13. Birthplace Cloace Lorraine, France	Other conditions
14. Maiden name Eva Lorentz 15. Birihplace Claace Lorraine France	(Include pregnancy within 3 months of death) Major fiadings of operations.
18. Interment Mrs. ann. Bradford Address Treendloro, Mcl.	Autopsy results
17. (Burlal, cremation, or remove Which?) Date thereof. (month) (day) (year)	22. VIOLENCE: tt death was due to external causes, fill in the following: Accident, suicide, or homtelde
Location Leave Al Telephologica	Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?)
18. Funeral director Rugmond B. Ruwlings Address Tildusloss, Mcl.	Means of Injury miled at work?
19. Mar. 17. 1947 L. Mar Pipe. (Date rec'd by registrar) (Riegistra)	23. SIGNATURE A. D. or ostrer A. D. or

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-0

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CERTIFICATE OF DEATH

Reg. Dist. No.

County Caraline	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
	State Maryland County Caroline		
City or town. Prestation (If outside city or town limits, write RURAL and give nearest town)	City or town Preston		
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)		
Mospital, institution, or street address where death occurred:	Street No. Harmony Road		
Harmony Road	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) if veteran, name war		
3. (a) FULL NAME Isabelle M. Mustaum	3. (b) Social Security Number		
4. Sex 5. Color or race 5.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Famale White Single	20. DATE DE DEATH March 11 19.47 21 1:55 A. W		
5.(b) Name of husband or wife			
	october 1 JE monch 11 4/7		
7. Birth date of	and that I last saw her alive on march 10 143		
deceased (mo., day, yr.) Labruary 2, 1864	Transmit on The state of the st		
8. AGE: Years Months Days If less than one day	Immediais cause of death uremila and carolac DURATION		
83 / 9hrsmin.	decompensation 3 days		
9. Birthplace Carroll County Mary faud (Townstounty, and feate)	Oue to Chronic Hypertensive arter		
(Town-county, and state)	iosclerotic cardia reaal disease 5yrs		
10. Usual occupation. Hodsework			
11. Industry or business Home	Due to.		
	Diher conditions Bilateral caparacts		
12. Name David Murbaum 13. Birtholace Frederick County Maryland			
	senile dementia (Include pregnancy within 3 months of death)		
14. Maiden name Mary Eckel 15. Birthplace Fredrick County Waryford	(Include pregnancy within 3 months of death)		
To la maiden name	Major findings of operations.		
El 15. Birthplace Frederick County, Maryland	Date of op		
16. informant Charles & Tusham	Autopsy results.		
Address Preston, Maryland, R.T.D.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
	22. VIOLENCE: If death was due to external causes, fill in the following;		
17. Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?)	Accident, suicide, or homicide		
Cemetery or crematory Presbyterian Church Cemetery			
	Where did injury occur? (City or town) (County) (State)		
Location New Windson Maryland	injured at home, farm, industry, public place (where?)		
18. Funeral director J. J. Frampton and Son	Msans of Injury Injured at work?		
Address Federalsburg maryland	A CHI		
D2: (6 10 nc	23. SIGNATURE M. D. or other		
19. 3 1 1 19. 47 C. A. Plerson	Preston aryland pate store 3/11/57		



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Diat. No. 640

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town	State Maryland County Carolina	
3. (a) FULL NAME Samuel R. Preston	3. (b) Social Security Number 218-16-5288	
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced Walk Married	MEDICAL CERTIFICATION 20. DATE DF DEATH Mark 22 19 47 21 4:30 4. M	
6.(6) Name of husband or wife Emma L. Preston 6.(c) If alive, give age 62 years 7. Birth date of deceased (mo., day, yr.) March 27, 1868	21. I CEPTEY that death occurred on the date above stated: that I attended degeased from 19. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	
8. AGE: Years Months Days If less than one day 78 // 25	Due to	
11. Industry or business Many fand Plastics, Inc. 12. Name Forest E. Preston 13. Birthplace Philadelphia Pennsylvania 14. Maiden name Ruth and Reeves 15. Birthplace Reading Pannsylvania 16. Informant Mrs. Emma L. Preston	Other conditions	
Address Federalsburg, Maryland 17. Otivial. (Burial, cremation, or removal. Which?) Cemetery or crematory Fest fame Hiel Cemetery Location Bala-Cynnyd Pannsylvania 18. Funeral director Fig. Transplania	22. VIOLENCE: It death was due to external causes, fill in the following; Accident, suicide, or homicide	
Address Federal Maryland 19. March 24 19. 47 5. 5. Fram Storn (Date ree'd by registrar)	23. SIGNATURE TO BE SIGNATURE M. D. or getter M. D. or getter M. D. or getter Date signed 3/24/47	



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

()2644 Reg. Dist. No. 62

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
De T	State Many lead County Caroline	
City or town		
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)	
Hospital, institution, or street address/where death occurred:	Street No.	
	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	
Olivia Pres Pac	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Jr. Eo. Donned	20. DATE DF DEATH Muck 3. 1947 21 7:354 M	
6.(b) Name of husband or wife Malacil 6.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
7. Birth date of	and that I last saw h la alive on Meanch 2 1947	
deceased (mo., day, yr.) Office 14 1868	Immediate cause of death	
8. AGE: Years Months Days If less than one day	Thy pertensive heart deserse one yr	
Vivinda Paroline Ind.	Que to arthur relevois	
(Town, county, and state)		
10. Usual occupation.	Due to	
11. Industry or business		
12. Name Olicida Sullanda 13. Birthplace	Other conditions.	
al 13. Birthplace	(Include pregnancy within 3 months of death)	
14. Malden name Satuh Chaffine.	Major findings of operations	
E 15. Birthplace	Date of op.	
16. Interment Mr. Olsie & Devele	Autopsy resulta	
Address Stales Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Musical College V1947	22. V10LENCE: If death was due to external causes, fill in the following;	
(Burial, cremation, or removal. Which?) Date thereof (account) (day) (year)	Accident, suicide, or homicide	
Cemetery or cromotory will be the season of the company of the com	Where did injury occur?	
Lacation Review Gard.	Injured at home, farm, industry, public place (where?)	
Mile Charles	Means of Injury Injured at work?	
Address Address M	23. SIGNATURE Solution of the state of the s	
19. H 1 (Date rec'd by registrur) 1947 My DO Genst Registrar	Address. Deuln lud Date signed 4 2 47	

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PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 94-0



CERTIFICATE OF DEATH

(1)2645 Reg. Diat. No. 626

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County	De al	2 .
(If outside city or town limits, write RURAL and give nearest town)	State County County	Corl
7,/	City or town Denton (7 1/2 1/2)	1402
How long in above piace of death?	(If outside city or town limits, write RURAL and gi	ve nearest town)
- Co	Street No. (If rural, give LOCATION)	
- no-	7	200
How long In hospital or Institution?	2.(a) If veteran, name war	
3. (a) FULL NAME O 1. 11	3. (b) Social Seco	rity Number
Olizeheth More	- 228	
4. Sex 5. Color of race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Sunale A.A. Mindan	7404 31 r	14 1,30
Janace 4 a masur	20. DATE OF DEATH	e / al 4
(8.(b) Name of husband or wife Allung (17 and	21. I CERTIFY that death occurred on the date above stated; that I altended	deceased from
Dead 5.(e) It allve, give age 2 years		19
7. Birth date of	and that I last saw halive on	19
deceased (mo., day, yr.) alraul 1887	Immediate cause of death	DURATION
8. AGE: Years Months Days It less than one day		
about 65min.		0
B. Birthpiace Denton mg	and andere accuracy	radalu
B. Birthplace	Due 10	
10. Usual occupation The state all the	Kanka a la maria	2
	Due 10	
11. Industry or business pane as ale		
12. Name Elliery Confihos 13. Birthplace Lendon royd	Dther conditions	
13. Birthplace Alexander organ	(Include pregnancy within 3 months of death)	
E 14. Malden name Margarel slangard		
6 10 10	Major fiadings of operations	
15. Birthplace Denton md	Date of op.	
18. informant Ellely Baleman	Autopsy results	
Address Denton md	PHYSICIAN: Please underline the cause tu which death should be che	arged statistically.
1 1 1 1 1 1 1 1	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Borial, cremstion, or removal, Which?) Date thereof (Month)/(day) (year)	Accident, suicide, or homicide	
	Where did Injury occur?	
Cemetery or crematory ADALS	Where did Injury occur?	(State)
Location Caraline Ga-	Injured at home, farm, industry, public place (where?)	
Land Hilliant	Means of Injury Injured at work	?
18. Funeral director Annual State Control of the St	11 Ali	
Address Dalisleury Ing	a warmen //wager D. Teerge	
1/1 1/2 The 00 98000	23. SIGNATURE VILLE ENGLE THESE ME	I. D. or other
19	Address Dale si	gned \$/1/4



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 640

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town. Telescalething - Rural (If outside city of town limits, write RURAL and give nearest town)	State Maryland County Caroline	
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)	
american Corner	Street No. Cherican Const. (If rural, give LOCATION)	
How long in hospital or institution?	2.(a) It veteran, name war.	
3. (a) FULL NAME Marie Trice	3. (b) Social Security Number 216 - 19 - 2037	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Tenale White Therial	MEDICAL CERTIFICATION 20. DATE OF DEATH. REALER 23 19 47 21 2 P. 1	
6.(b) Name of husband or wife. Welvin Zrice 6.(c) If alive, gire age. 32 years	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 15. 15. 19. 47. 10. March. 23. 19. 47.	
7. Birth date of deceased (mo., day, yr.) 1 luly 28 1915	and that I last saw has the alive on March 33,1947 19	
8. AGE: Years Months Days It less than one day 3/ 7 2-5 hrs. min.	Immediate cause of death	
9. Birthplace Caroline County Maryland (Town, coughty, and stuff)	Oue to.	
10. Usual occupation. Housework	Oue to	
11. Industry or business		
12. Name John M. Dean Maryford 13. Birthplace Caroline County, Maryford	Other conditions	
14. Malden name Katie Flaming 15. Birthplace Carolina County, Maryland	(Include pregnancy within 3 months of death) Major findings of operations	
El 15. Birthplace Chiolise Greeky, Maryland 16. Informant Malvin Trice	Antopsy results.	
Address Federalsburg, Maryland, R.J.S.	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
17. Burial (Burial, cremation, or removal, Which?) Oate thereot. (month) (day) (year)	22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, suicide, or homicide	
Cemetery or crematory. Thee Crest Cemetery	Where did injury occur?	
Location Federalsburg Maryland	Injured at home, farm, industry, public place (where?)	
18. Funeral director f. f. Framptom are Son	Mesns of Injury Injured at work?	
Address Federalsburg, Maryland	23. SIGNATURE M. D. or other	
19 March 25 1947 5. J. Franciston	Address Telephone Min. D. or other M. D. or other	



PLEASE WRITE

correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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Reg. Dist. No. 64

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
			***************************************	State Thangland County Carolina		
City or town	tside city or town lin	nits, write RI	URAL and give nearest town)			
How long in above place	of death?	te	***************************************	City or town Tederal city or town Timits	, write RURAL and give nearest town)	
Hospital, Institution, or	street address where d	eath occurred:	•	Street No. 148 Month M.		
148	North Main	Street		Street No. (If rural, give		
How long In hospital or	Institution?			2.(a) If veteran, name war	40ama	
3. (a) FULL NAME				1 212-711 10101111 11111111111111111111111111		
Harry F. Juner				3. (b) Social Security Number		
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Make	White	74	redowed	20. DATE OF DEATH. Thanch	10 19 47 at 1 4	
6.(b) Name of husband of	or wife	nie 7	n. Junes	21. I CERTIFY that death occurred on the date above		
7. Birth date of	/) It allve, give ageyears		N 20 18 4	
deceased (mo., day, yr	*	71	28, 1876			
8. AGE: Years	Months	Days	If less than one day	Immediais cause of death	1 Somach 1	
71	/	12				
9. Birthplace. Caroline County Many fand (Town, county, and state)			Maryford	Due to		
10. Usual occupation	Hou	as Pai	ter		**************************************	
11. Industry or business Parater				Oue to		
불 12. Name	mes H	Zun	es-	Other conditions.		
13. Birthplace	usline Co	unity.	manfand			
14. Malden name			ols	(Include pregnancy within 3 m		
≥ 15. Birthplace	arolina Co	unty	maryfound		Date of on.	
16. Informant Mus	. J. Pane	mor	obray	Autopsy results		
Address Fa	deralsbu	ng The	arykand	PHYSICIAN: Please underline the cause to whi	ich death shnuld he charged statistically.	
- A		1	· Harris 12 19.17	22. VIOLENCE: It death was due to external caus		
11. Oural (Burial, cremation,	or removal. Which?)	V Date there	of March 12 1947 (month) (day) (year)	Accident, suicide, or homicide	Date of	
Cemetery or cremator		rest (Constery	Where did injury occur?(City or town)	(County) (State)	
Location Fa	deralstu	g The	ny land	Injured at home, farm, Industry, public place (who		
18. Funeral director & J. Frankfitz Land Son				Msens of Injury Injured at work?		
			/ /	6t 1/2	n la 16 mars 1008	
Address Jad	eralsburg	mar	yland	23. SIGNATURE / ROUK /	n- anderson M.C	
19. March // 19 47 5. 5. Fram & tom				Address Feder Sobre	19 Mg M, D. or other/1/4	

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Carles Federalshus - Runal	State Thangland County Caroline
(15 outside city outside city outside limits write PIDAI and city acquest Acque)	
How long in above place of death?	City or town. Take alsburg - Rural (If outside city or town lights, write RURAL and give nearest town)
mospital, institution, or street address where death occurred:	Street No. Houston Granch Road
Houston branch Road	(If rural, give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME J. Edward Turner	3. (b) Social Security Number
4. Sea 5. Color or race 6.(a)Single, married, widowed, or divorced	166-07-3495
Male Colored Widowed	MEDICAL CERTIFICATION
	20. DATE DF DEATH March 27 1947 21 10:15 A
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) It alive, give ageyears	1947 10 March 24 1947
7. Birth date of deceased (mo., day, yr.) October 9, 1870	and that I last saw hard alive on Manely 2 4 19 7
8. AGE: Years Months Days If less than one day	Immediaj- cance of death
76 5 18hrsmin.	Scutt grewlymatous
	nest listing Time.
9. Birthplace Tederalstry Cartie County, Mary faul (Toy), county, and state)	Due to Sptresma Approved T
10. Usual occupation Day Laborer	Mag Thur
/	Due to
11. Industry or business Congoleum tactory	
= 12. Name J. Edward Survey	Other conditions
\$ 13. Birthpiace tederalabung, mg.	
14. Maiden name Leana Johnson	(Include pregnancy within 3 months of death)
15. Birthplace Caroline County Wayland	Major findings of operations.
	Date of op.
16. Informant Mrs. alice Phillips	Autopsy results.
Address Federalsburg, Maryland	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Durish Propos March 31 1947	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Date thereof March 31, 1947 (Burial, cremation, or removal, Which?) Bate thereof March 31, 1947 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. Federal Hill Cometary	Where did Injury occur?
Location Federalsburg Thanyland	Injured at home, farm, Industry, public place (where?)
18. Funeral director S. A. Francistom and Son	Means of Injury Injured at work?
7 (/1)	11 1 mm 11 and
Address Lederalsburg, Maryland	23. SIGNATURE & CHARACT & FOR MEDI
19 March 29 1947 J.J. Framptom	B. T. D. or other
(Date rec'd by registrar) Registrar	Address Landres Date signed 3 Page 1



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 183 CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DE				2. USUAL RESIDENCE (HOME) (For newborn infants give residence of	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Caroline Prestay - Rural			,-Rural.	*******		00*****	
City or town. (If outside city or town limits, write RURAL and give nearest town)			URAL and give nearest town)	City or town Tanzand /	neston - Russits, write RURAL and give near	al	
How long in above place of death?		(If outside city or town limi					
***************************************			••••••	Street No(If rural, giv	ve LOCATION)	***************************************	
How long in hospital o	r Institution?		***************************************			********************************	
3. (a) FULL NAM	E				3. (b) Social Security 1	Vumber	
	C	Laren	ce Willoughb	V			
4. Sex	5. Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL C	CERTIFICATION		
Lale	White	S:	ingle	20, DATE OF DEATH March 3	4.7	.2A	
6 413 11 45 34 4				of Torntiry that death account on the date of			
7. Birth date of	n) August	6.	c) If alive, give age	and that I last saw halive on	***************************************	19	
deceased (mo., day,) 8. AGE: Years		Days	I If less than one day	Immediate cause of death		DURATION	
S. AGE:		24	hrs.	mla	***************************************	***************************************	
				A		***************************************	
9. Birthplace Preston Caroline Haryland (Town, county, and state)				Due to Cucumuman	many -	***************************************	
10. Usuat occupation	Labore	r	***************************************	hellin Ptress	. 1 unles	*******************************	
11. Industry or business Canning				duras smalle to ge	Houl -	***************************************	
12. Name J.	. H. /ill	oughl					
	Caroline						
14. Maiden name.	Laura d	. Car	roll	(Include pregnancy within 3			
E 15 Rirthnlace	Caroline	Count	- 37	Major findings of operations			
4- 10, armpace	J. H. Wil	Tough	iby				
TO. INTOTINGET				PHYSICIAN: Please anderline the cause to			
	Preston,		75- / 701	22. VIOLENCE: If death was due to external ca	auses, fill in the following:	1	
(Burial, cremation	, or removal. Which?)	Date there	(month) (day) (year	Accident, suicide, or homicide	Lent Date of	3/47	
Cemetery or cremato	y Jr. 0.	U, A.	11.	Where did injury occur? Tuck (Tity or town)	(Gounty)	(State)	
					where?) Tubliz Rs	all	
18. Funeral director. H. M. Hollis				Means of Injury Saury	Injured at work?		
				1	4		
Address Preston, Id.				23. SIGNATURE JAMPON O	M, D. o		
19. March 1	719 Y.7	<u>C,</u>	D. Plumas	Strar Address artify mes	least farmer D. O.	3/5/47	



MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

()2650 Reg. Dist. No. 62

County Carolina	(For newborn infants rive residence of mother)
Cily or town (If outside etcy or town limits, write RURAL and give nearest town)	State Alexy County County
Now long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
How long In hospital or Institution?	(If rural, give LOCATION)
2 (a) CITT NAME	2 (h) Social Saggity Number
William Henry W.	isher
4. Sax 5. Color or race 6.(a) Single, married, widowed or divorced	MEDICAL CERTIFICATION
M Col marvied	20. DATE OF DEATH. 21 2:45 AM
8.(b) Name of husband or wife aura Wieler	21. I CERTIFY that death occurred on the date above stated; that I attended decessed from 47
7. Birth date of	and that I last saw imalive on much 29 19.47
deceased (mo., day, yr.) UCT. T, 188	Immediate cause of death
8. AGE: Years Months Days If less than one day	Hy ferteusive heart desense 3 yr
	94 10 arthur relieves 44
9. Birthpiace Denton Caroline, maryland	Due 10. Maria Mania Maria Mari
10. Usual occupation	Due to
11. Industry or business	
12. Name Verikiah Wisher 13. Birthplace Maryland	Other conditions
The state of the s	(Include pregnancy within 8 months of death)
14. Maiden name Bellet Fisher 15. Birthplace Mary Land	Major findings of operations.
El 15. B'rihpiace	Date of op.
16. informant and all the state of the state	PHYSICIAN: Plesse underline the cause to which death should be charged statistics By.
Address Hobbs, Maryland	22. VIOLENCE: If death was due to external causes, till in the following;
17. Barte thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory lexiton played	Where did injury eccur?
Location Deuton Maryland	Injured at home, farm, Industry, public place (where?)
18. Funeral director of January Sugar Sugar Sugar	Mosns of Injury Injured at work?
Address Dentard, maryland	E Yaul Murths und
" 4/2 147 mas 6 9 enco	23. SIONATURE M. D. or other
19. (Date rec'd by registrar) Registrar	Address Oate signed T

APR 15 1947
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PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore 93-0

()2651 Reg. Dist. No. 66

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infages give residence of mother)
County	State Zerar Lund munity Karoline
City or town	(D D) () · O · O · O · O
How long in above place of death?	(If outside city or town limes, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) if veteran, ame war.
3. (a) FULL NAME (3. (b) Social Security Number
John Franklin	Dupost
4. Sex 8. 9616r or race B.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
The for mariel	20. DATE OF DEATH 14 March 1947 at 4:30 Pm
9:11. Front	21. 1 CERTIFY that death occurred on the date above stated; that I attended deceased from
8.(b) Name of husband or wife. A. A. L.	3-1/- 19.47., 10. 3-14- 19.47.
7. Birth date of	
7. Birth date of deceased (mo., day, yr.)	and that I last saw h. Manualive on 3 197
8. AGE: Years Months Days If less than one day	Immediata cause of death
53 6 14hrsmin.	6
1 1 1 0-0	10 40 -
9. Birthplace Washington, country, and state)	Due to Mypertensive All Russe 10 /15
11 7	
10. Usual occupation	Due to.
11. Industry or business	
12. Name Daypop	Other conditions
13. Birthplace	
	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations
15. 8 irtholace	Date of op.
18. Informant Burs Felliam Styles	Autopsy results
20 (10 0 0 0 00 00	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address M. Address Mills	22. VIOLENCE: If death was due to external causes, fill in the following;
17(Burial, cremation, or remain. Which?) Dat thereot	Accident, suicide, or homicide
	Where did injury occur?
Cemetery or crematory.	
Location leav To asternation 1	Injured at home, farm, Industry, public place (where?)
18. Funeral director O. Disagel Mount & Doc	Meens of injury injured at work?
1 110 8 9.1	(1. 11th)
Address () () viegon ()	23. SIGNATURE M. D. or other
13 mar /7 13 x 7 / Dians	
(Date rec'd by registrar) Registrar	Address Date signed J.

